

VITAL SIGNS RE-ENTRY MINISTRY

APPLICATION – RETURNING CITIZENS' INFORMATIONAL SHEET

COMPLETE AND EMAIL TO info.vitalsignsreentryministry@gmail.com

NOTE TO APPLICANT: The more we know about you, the better we can help you. Some information, such as the fact that you are an ex-offender, must be shared with prospective employers.

NOTE: We do not accept any sex-related crimes.

PERSONAL INFORMATION

Applicant's Name: _____ Date: _____

GDC#: _____ EF#: _____

Cell Phone #: _____ Email Address: _____

Previous Mailing Address: _____

City: _____ State: GA ZIP Code: _____

Date of Birth: _____ Age: _____ Place of Birth: _____

Social Security Number: — _____ Gender: _____

Are you a U.S. Citizen? ☐ Yes ☐ No

Referred By: _____

Race: ☐ Asian ☐ Black ☐ Caucasian ☐ Hispanic ☐ Other _____

MARITAL STATUS

☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widower

Dependent Children (Names & Ages):

1. _____ 2. _____
2. _____ 4. _____

Next of Kin:

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ ZIP: _____

Valid Driver's License? ☐ Yes ☐ No State: _____

License in Another State? ☐ Yes ☐ No Which State: _____

Birth Certificate: ☐ Yes ☐ No In File: ☐ Yes ☐ No

MEDICAL INFORMATION

Communicable Diseases (TB, HIV/AIDS, Hepatitis, etc.): ☐ Yes ☐ No

If yes, explain: _____

Other Medical Problems: _____

Difficulties Caused: _____

Limitations/Handicaps: ☐ Yes ☐ No If yes, explain: _____

Hospitalized for Drug/Alcohol Problems? ☐ Yes ☐ No

If yes, list details: _____

Psychiatric or Mental Health Treatment: ☐ Yes ☐ No

If yes, where and when: _____

Housed in Mental Health Unit While Incarcerated? ☐ Yes ☐ No How Long? _____

Prescribed Medications? ☐ Yes ☐ No If yes, explain: _____

Classified as Mental Health? ☐ Yes ☐ No Level: _____

Physical Health: ☐ Poor ☐ Fair ☐ Good ☐ Excellent

Work Limitations: ☐ Yes ☐ No If yes, explain: _____

Age: _____ Weight: _____ Height: _____

Do You Smoke? ☐ Yes ☐ No ☐ Occasionally

Do You Drink Alcohol? ☐ Yes ☐ No ☐ Occasionally Explain: _____

Do You Use Drugs? ☐ Yes ☐ No ☐ Occasionally

If yes, last use: _____ Drug of Choice: _____

JAIL & PRISON HISTORY

Sex-Related Crimes? ☐ Yes ☐ No (Not Accepted)

Present Charge: _____

Length of Sentence: _____

TPM: _____ Max-Out: _____

On Parole? ☐ Yes ☐ No On Probation? ☐ Yes ☐ No E-Mon? ☐ Yes ☐ No

Duration: _____ Probation County: _____

Facing Additional Charges After Release? ☐ Yes ☐ No

In Georgia? ☐ Yes ☐ No Out of State? ☐ Yes ☐ No Where?

Completed TOP-STEP Program? ☐ Yes ☐ No Was It Offered? ☐ Yes ☐ No

Birth Certificate Received? ☐ Yes ☐ No (Required)

Social Security Card Received? ☐ Yes ☐ No (Required)

Attended Pre-Release Classes (Last 6 Months)? ☐ Yes ☐ No

When Did You Start Preparing for Release?

☐ Last Week ☐ Last Month ☐ 6 Months Ago

WORK HISTORY

Jobs While Incarcerated:

Professional Skills / Previous Jobs:

Upon arrival, bring:

- \$300 deposit
- \$250 for first week's rent
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Deposit will be forfeited if you do not give a 30-day notice prior to moving out.